

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		3			
5	①		①			
6	①		①			
7	①		①			
8	①		①			
9	①		①			
10	①		①			
11	①		①			
12	①		①			
13	①		①			
14	①		①			
15	①		①			
16	①		①			
17	①		①			
18	①		①			
19	①		①			
20	①		①			
21	①		①			
22	①		①			
23	①		①			
24	①		①			
25	1		1			
26	1		1			
27	2		2			
28	①		①			
29	①		①			
30	①		①			
31	①		①			
32	①		①			
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	36	←	36	←		←
TOTAL CLAIMS	38		38			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						